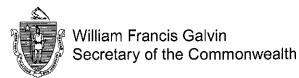
## Massachusetts Official

## In-Person Absentee Ballot Application



See reverse side for instructions

Voter Information	Name:
	Legal Voting Residence:
	. <b>/</b>
	Date of Birth: Telephone Number:
	E-mail Address:
Ballot Information	Date of Election:
	Type of Election:
	☐ State Election
	☐ State Primary
	☐ Presidential Primary
	☐ Local Election
	☐ Local Preliminary
	Party (only if requesting primary ballot):
Special Circumstances (If applicable)	☐ Voter is a member of military on active duty or dependent family member of active duty personnel.
	☐ Voter is a Massachusetts citizen residing overseas.
	3 ☐ Voter required assistance in completing application due to physical disability.
	Assisting person's name:
	Assisting person's address:
Signed (under per	nalty of perjury):Date:
	FOR REGISTRAR USE ONLY
	the voter for whom this application is being made appears to be eligible to vote from the on the application.